

Vermont Mental Health Performance Indicator Project
Agency of Human Services, Department of Health, Division of Mental Health
Weeks Building, 103 South Main Street, Waterbury, VT 05671-1601

MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani and Monica Simon

DATE: July 30, 2004

RE: Cancer Diagnosis and Mental Health Service Utilization

This brief report is the sixth in a series that examines levels of access to community mental health services for individuals with a history of trauma. Two of the earlier reports focused on young people. These reports provided information on the number of recipients of CMHC children's services who were identified as trauma victims¹ and the rate at which children with a history of abuse and neglect were identified as trauma victims by the CMHC program². A third focused on mental health services provided to individuals who received Emergency Room services for injuries. The fourth report focused on rates of utilization of CMHC service by refugees in Chittenden County⁴. The most recent report provided a comparison of CMHC utilization rates by trauma victims in five states⁵. This series of reports is part of Vermont's participation in a five-state SAMHSA sponsored examination of levels of access to community mental health services for individuals with a history of trauma.

This week's report focuses on CMHC utilization rates for adult Vermont residents who received a cancer diagnosis during 1994 through 2001. Two data sets were used in this analysis. The first data set, an anonymous extract from the Vermont Cancer Registry maintained by the Department of Health, provided basic clinical and demographic information about all Vermont residents who had received a cancer diagnosis during this time period. The second data set, an anonymous extract from the Monthly Service Reports database maintained by the Division of Mental Health, provided basic clinical and demographic information for all adults who received community mental health services during FY1996 through 2003. Because these data sets do not include unique person identifiers, Probabilistic Population Estimation (PPE) was used to determine the rate at which individuals with a cancer diagnosis use public community mental health services. PPE is a statistical data-mining tool that measures the number of people represented in data sets that do not share unique person identifiers. PPE reports how many people are represented in and across data sets, but does not reveal who the people are. Utilization rates were calculated for each of the eight years and the results were averaged to provide an overall utilization rate. Each utilization rate reflects the proportion of adults with a cancer diagnosis during a calendar year who received mental health services during the subsequent fiscal year.

As you will see, only a small proportion of adults with a cancer diagnosis (3.2% overall) received community mental health services during the study period. Men and women received services at similar rates. Older people with a cancer diagnosis (age 50+), however, were much less likely to receive mental health services than younger adults (2.5% vs. 6.3%). This difference was evident for both men and women but was only statistically significant for men.

These findings raise at least two questions. First, is the rate of community mental health service utilization by individuals with a cancer diagnosis related to the amount of time since the diagnosis? Would the utilization rate be higher during a period of time closer to the cancer diagnosis, for instance? Second, is the pattern of reduced utilization of community mental health services by older Vermont residents unique to this population, or does this represent a larger pattern? Low CMHC utilization rates by older resident in most regions of Vermont were noted in our previously published examination of patterns of access to community mental health services in Vermont⁶.

We look forward to your interpretation of these findings and your suggestions for further analysis of these data. As always, you can reach us at pip@ddmhs.state.vt.us or 802-241-2638.

For more information about the multi-state trauma study, contact Lucille Schacht, Ph.D., Director of Statistical Analysis, NASMHPD Research Institute, at 703-739-9333 ext 125 or lucille.schacht@nri-inc.org.

¹ Trauma Victims served in Children's Services Programs (October 31, 2003) (<http://www.ddmhs.state.vt.us/img/docPDF.gif>). Pandiani & Bramley.

² Young Trauma Victims served in Mental Health Programs (February 6, 2004) <http://www.ddmhs.state.vt.us/docs/pips/2004/pip020604.pdf> Pandiani & Ghosh

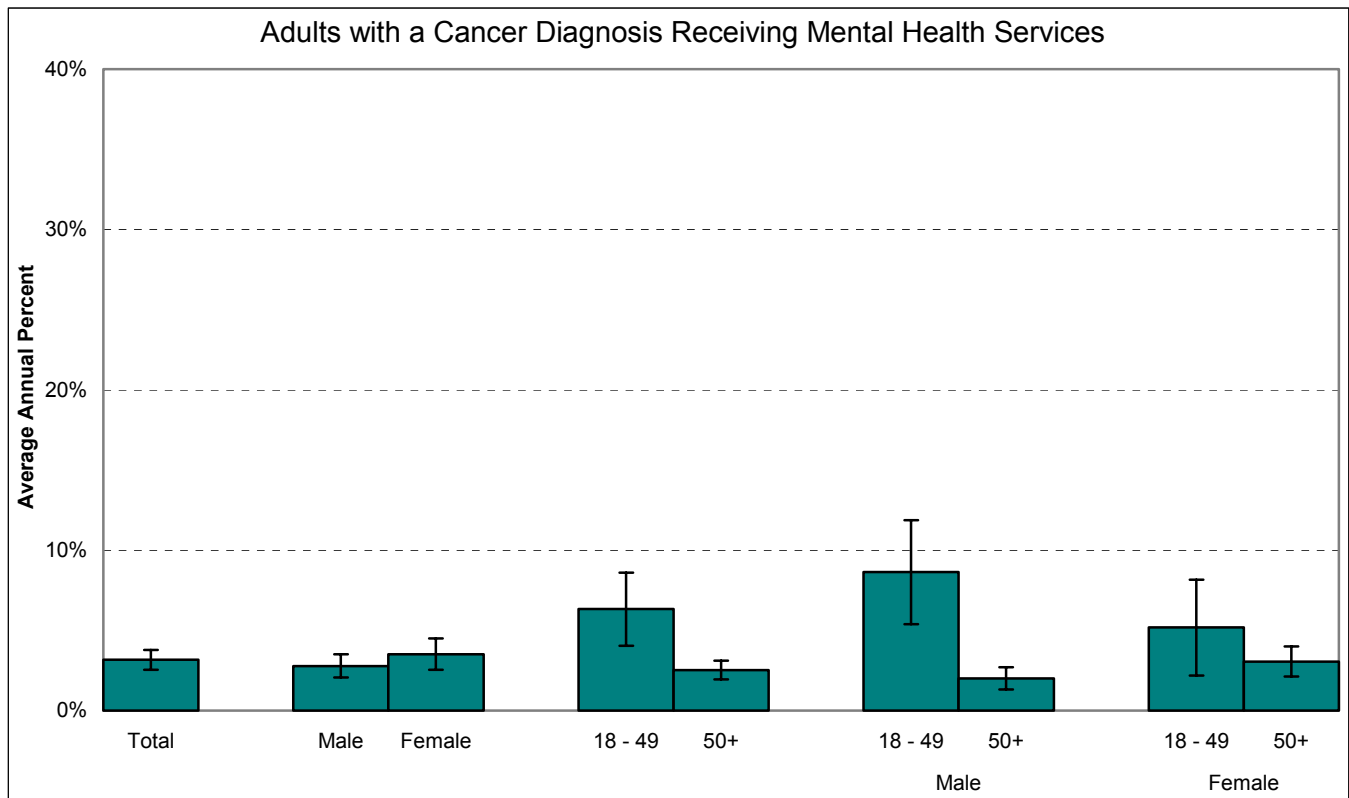
³ Emergency Room Injury Victims served by Community Mental Health Programs (November 21, 2003) (<http://www.ddmhs.state.vt.us/docs/pips/2003/pip112103.pdf>) Pandiani & Ghosh

⁴ Refugee Utilization of Community Mental Health Programs: Chittenden County, Vermont (January 16, 2004) <http://www.ddmhs.state.vt.us/docs/pips/2004/pip011604.pdf>) Pandiani & Ghosh

⁵ CMHC Utilization by Individuals with a History of Trauma in Five States (February 20, 2004) <http://www.ddmhs.state.vt.us/docs/pips/2004/pip022004.pdf>) Pandiani, Ghosh, Pomeroy, Van Vleck, & Monica Simon

⁶ Measuring Access To Mental Health Care: A Multi-indicator Approach to Program Evaluation. *Evaluation and Program Planning* 25 (2002) 271-285 (Pandiani, Banks, Bramley, Pomeroy, Simon).

Access to Mental Health Services
Adults with Cancer Diagnosis: CY1994 - CY2001
Receiving Mental Health Services after the Cancer Diagnosis



	Average Number of Adults with a Cancer Diagnosis	Average Number Served by MH Programs	Adults with a Cancer Diagnosis Receiving Mental Health Services	
			Number	Percent
Total	2,512 ± 7	11,426 ± 32	80 ± 16	3.2% ± 0.6%
Male	1,192 ± 5	4,744 ± 19	33 ± 9	2.8% ± 0.7%
Female	1,320 ± 5	6,682 ± 26	46 ± 13	3.5% ± 1.0%
18 - 49	425 ± 2	8,562 ± 30	27 ± 10	6.3% ± 2.3%
50+	2,087 ± 7	2,864 ± 10	53 ± 12	2.5% ± 0.6%
Male 18 - 49	141 ± 1	3,651 ± 18	12 ± 5	8.6% ± 3.3%
Male 50+	1,051 ± 5	1,093 ± 6	21 ± 7	2.0% ± 0.7%
Female 18 - 49	284 ± 2	4,910 ± 25	15 ± 8	5.2% ± 3.0%
Female 50+	1,037 ± 4	1,772 ± 9	32 ± 10	3.1% ± 0.9%

Analysis is based on data provided by the community mental health centers and the Vermont Cancer Registry. Analysis includes adults diagnosed with cancer during each calendar year 1994 through 2001 and adult recipients of mental health services during each fiscal year 1996 through 2003 (Cancer CY1994 analyzed with MH services FY1996, etc) and results were averaged. Because these data sets do not share unique person identifiers, Probabilistic Population Estimation was used to determine caseload size and overlap (with 95% confidence intervals).